



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



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MARK J. SALADINO
TREASURER AND TAX COLLECTOR

August 22, 2002

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Danny Chang, in amount of \$6,195.84
Frank Turco, in amount of \$9,344.28
Francisca G. Gomez, in amount of \$6,678.19

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

The Honorable Board of Supervisors
August 22, 2002
Page 2

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector


MJS:DA:tr

e:Comp.47

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
LLOYD W. PELLMAN
County Counsel

By 

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 47A
DATE: August 22, 2002

Amount of Aid	\$35,193.00	Account Number	10633009
Amount Paid	.00	Name	Chang, Danny
Balance Due	35,193.00	Service Date	11/25/01 to 02/15/02
Compromise Amount Offered	6,195.84	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$28,997.16	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Chang was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$35,193.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$20,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,577.33	\$ 6,577.33	32.88%
Attorney Cost	268.00	268.00	1.35%
Le Health Clinic	2,165.00	381.50	1.91%
County of Los Angeles	35,193.00	6,195.84	30.98%
Net to Client	N/A	6,577.33	32.88%
Total	\$44,203.33	\$20,000.00	100.00%

Our financial investigation reveals that Mr. Chang supports himself with unemployment benefits and disability insurance. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 47B
DATE: August 22, 2002

Amount of Aid	\$33,360.00	Account Number	10537327
Amount Paid	0.00	Name	Turco, Frank
Balance Due	33,360.00	Service Date	11/22/00 to 12/13/00
Compromise Amount Offered	9,344.28	Facility	High Desert Hospital
Amount to be Written Off	\$24,015.72	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Turco was involved in a slip and fall accident. He was treated at High Desert Hospital at a cost of \$33,360.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$32,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,666.66	\$ 9,000.00	28.12%
Attorney Cost	4,750.00	869.67	2.72%
Brian N. Bruck, D.C.	3,685.00	2,250.00	7.03%
County of Los Angeles	33,360.00	9,344.28	29.30%
Net to Client	N/A	10,536.05	32.93%
Total	\$52,461.66	\$32,000.00	100.00%

Our financial investigation reveals that Mr. Turco supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 47C
DATE: August 22, 2002

Amount of Aid	\$29,840.00	Account Number	10576915
Amount Paid	.00	Name	Gomez, Francisca G.
Balance Due	29,840.00	Service Date	12/11/00 to 4/11/01
Compromise Amount Offered	6,678.19	Facility	LAC USC Medical Center
Amount to be Written Off	\$23,161.81	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Gomez was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$29,840.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Metropolitan Medical Clinic	4,780.00	1,069.91	4.28%
Good Samaritan Hospital	1,816.12	406.50	1.63%
Emergency Dept. Physical Medical Group	451.00	100.93	0.40%
Los Angeles City Fire Department	343.25	77.80	0.31%
County of Los Angeles	29,840.00	6,678.19	26.72%
Net to Client	N/A	8,333.34	33.33%
Total	\$45,563.70	\$25,000.00	100.00%

Our financial investigation reveals that Ms. Gomez receives support from her children and has a roommate that shares expenses. She has no other source of income or tangible assets.